

ISSUE SLIP/STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO	DATE
FEE DETERMINATION	<i>[Handwritten: S]</i>		<i>[Handwritten: 08/21/81]</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Handwritten: A-S]</i>	<i>[Handwritten: 943]</i>	<i>[Handwritten: 9-7-1]</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected  
☐ Allowed  
☐ (Through numeral)  
☐ Canceled  
☐ Restricted  
☐ Non-elected  
☐ Interference  
☐ Appeal  
☐ Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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373